

Dear Applicant:

Enclosed you will find the forms necessary for you to apply for registration as a Tattoo Artist. It is strongly suggested that you read the Regulations prior to filling out the application, and then examine the directions entitled "**STEPS TO REGISTRATION**" to see which forms are appropriate for you.

Please note the following:

- (a) Applications not completed in their entirety will be returned, minus the application fee, which is non-refundable.
- (b) The photograph must be a "passport photo."
- (c) The name on the application must match the name on the driver's license or Social Security Card. We will not accept nicknames, abbreviations, or alterations.
- (d) All fees are to be made payable to the Mississippi State Department of Health.

If you have any questions regarding the above, please contact our office as follows:

MISSISSIPPI STATE DEPARTMENT OF HEALTH  
PROFESSIONAL LICENSURE-TATTOO & BODY PIERCING  
P.O. BOX 1700  
JACKSON, MS 39215-1700  
(601) 576-7260

Sincerely,

David Kweller  
Health Facilities Surveyor II

DK/bj  
Enclosure

# **STEPS TO REGISTRATION FOR TATTOO AND/OR BODY PIERCING**

Enclosed is a registration packet for Tattoo Artist and/ or Body Piercing. Two types of registration are currently issued in Mississippi: Regular and Provisional. The requirements for **each** are as follows:

## **1. Regular**

- a. Completed, notarized application, with required attachments.
- b. Application fee - \$150.00 (non-refundable) per registration [\$150.00 for each tattoo registration; \$150.00 for each body piercing registration].
- c. Proof of having completed the American Red Cross "Preventing Disease Transmission" course.
- d. Verification of all current licensure/registration, reported directly from the licensing authority (with seal).

## **2. Provisional**

- a. Completed, notarized application with required attachments.
- b. Application fee - \$150.00 (non-refundable) per registration [\$150.00 for each tattoo registration; \$150.00 for each body piercing registration].
- c. Proof of having completed the American Red Cross "Preventing Disease Transmission" course.
- d. Completed and signed supervisory agreement form.

### **NOTE:**

- ★ An inspection is required for all new applications.
- ★ All requirements must be on file and satisfactory to this office before an inspection will be ordered.

- ☐ **Tattoo Artist**  
☐ **Body Piercing**

## Application for Registration

### Office Use Only

Check No. \_\_\_\_\_

Amount \$ \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### Personal

1. Name: \_\_\_\_\_  
(Last) (First) (Middle)

2. Home Address: \_\_\_\_\_ 3. Telephone Number (\_\_\_\_) \_\_\_\_\_

4. \_\_\_\_\_  
(City) (State) (Zip Code) (County)

5. Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ 6. Date of birth: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

7. Race: \_\_\_\_\_ 8. Sex: Male ☐ Female ☐ 9. US Citizen: No ☐ Yes ☐

10. Are there any criminal or civil suits pending against you? If yes, attach a full explanation. No ☐ Yes ☐

11. Have you ever been convicted or any violations of law (except minor traffic violations)?  
If yes, attach a full explanation. No ☐ Yes ☐

12. Have you ever had a tattoo and/or body piercing license or registration revoked or suspended? No ☐ Yes ☐

13. Are you now, or have you ever been licensed or registered to perform tattooing and/or body piercing  
in any state or jurisdiction? If yes, list states below. Verification of license or registration from each  
state or jurisdiction must be submitted. No ☐ Yes ☐

\_\_\_\_\_

### Employment

14. Place of Employment: \_\_\_\_\_

15. Owner: \_\_\_\_\_ 16. Work Telephone (\_\_\_\_) \_\_\_\_\_

17. Employment Address: \_\_\_\_\_

\_\_\_\_\_ (City) (State) (Zip Code) (County)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.  
My commission expires \_\_\_\_\_

\_\_\_\_\_  
(Notary Public)

***Notary Seal***

*I, the undersigned, do solemnly swear or affirm that I am the above applicant. I have read the above application and all statements contained therein or accompanying this application are true to the best of my knowledge and belief. I have also read and understand the Regulations Governing Registration of Individuals Performing Tattooing and of Individuals Performing Body Piercing and affirm that all conditions for registration have been met and will be maintained.*

\_\_\_\_\_  
(Signature of Applicant)

***Copy of Social Security Card  
or  
Driver's License***

***Photo  
(only a Passport Photo  
will be accepted)***

**Complete form, enclose fee and mail to:**

**Mississippi State Department of Health  
Professional Licensure: Tattoo & Body Piercing  
PO Box 1700  
Jackson, MS 39215-1700**

☐ Body Piercing ☐ Tattoo

## Verification of License/Registration

**Instructions to Applicant:** Complete Section I of this form and submit it along with any fee (contact state in which you hold or have held a license for fee information).

**To licensing agency:** Complete Section II of this form and return this form and any attachments to:

Mississippi State Department of Health  
Professional Licensure - Tattoo & Body Piercing  
PO Box 1700  
Jackson, MS 39215-1700

### Section I (to be completed by the applicant)

I am applying for registration in the State of Mississippi and I hereby consent to the release of any information, favorable or otherwise, which you may have concerning my license/registration.

(Please print or type)

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Address: \_\_\_\_\_  
(Street/PO Box) (City) (State) (Zip)

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

### Section II (to be completed by licensing agency)

Name in which license/registration was issued: \_\_\_\_\_

Type of license: \_\_\_\_\_ License/Registration #: \_\_\_\_\_

Date Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Is license/registration current? No ☐ Yes ☐

Is this individual in good standing? No ☐ Yes ☐

Has any disciplinary action ever been taken against this individual? If yes, please attached explanation. No ☐ Yes ☐

Is there any derogatory information regarding this individual? No ☐ Yes ☐

Do you have any additional comments? If yes, attach additional sheet. No ☐ Yes ☐

Date: \_\_\_\_\_ Signature of State Official: \_\_\_\_\_

Name of Board: \_\_\_\_\_

Address: \_\_\_\_\_

***Board Seal***

- ☐ **Tattoo Artist**  
☐ **Body Piercing**

## Application for Provisional Registration

### Office Use Only

Check No. \_\_\_\_\_

Amount \$ \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### Personal

1. Name: \_\_\_\_\_  
(Last) (First) (Middle)
2. Home Address: \_\_\_\_\_ 3. Telephone Number (\_\_\_\_) \_\_\_\_\_
4. \_\_\_\_\_  
(City) (State) (Zip Code) (County)
5. Social Security No. \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ 6. Date of birth: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_
7. Race: \_\_\_\_\_ 8. Sex: Male ☐ Female ☐ 9. US Citizen: No ☐ Yes ☐
10. Are there any criminal or civil suits pending against you? If yes, attach a full explanation. No ☐ Yes ☐
11. Have you ever been convicted or any violations of law (except minor traffic violations)?  
If yes, attach a full explanation. No ☐ Yes ☐
12. Have you ever had a tattoo and/or body piercing license or registration revoked or suspended? No ☐ Yes ☐
13. Are you now, or have you ever been licensed or registered to perform tattoo and/or body piercing  
in any state or jurisdiction? No ☐ Yes ☐  
If yes, list states below. Verification of license or registration from each state or jurisdiction must be submitted.

### Employment

14. Place of Employment: \_\_\_\_\_
15. Owner: \_\_\_\_\_ 16. Work Telephone (\_\_\_\_) \_\_\_\_\_
17. Employment Address: \_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (Zip Code) (County)

### Supervision

18. Name of supervisor: \_\_\_\_\_
19. Registration Number of Supervisor: \_\_\_\_\_

over

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.  
My commission expires \_\_\_\_\_

\_\_\_\_\_  
(Notary Public)

***Notary Seal***

*I, the undersigned, do solemnly swear or affirm that I am the above applicant. I have read the above application and all statements contained therein or accompanying this application are true to the best of my knowledge and belief. I have also read and understand the Regulations Governing Registration of Individuals Performing Tattooing And of Individuals Performing Body Piercing and affirm that all conditions for registration have been met and will be maintained.*

\_\_\_\_\_  
(Signature of Applicant)

***Copy of Social Security Card  
or  
Driver's License***

***Photo  
(only a Passport Photo  
will be accepted)***

**Complete form, enclose fee and mail to:**

**Mississippi State Department of Health  
Professional Licensure: Tattoo & Body Piercing  
PO Box 1700  
Jackson, MS 39215-1700**

# Supervision Agreement for Provisional Registration for Tattoo and/or Body Piercers

*(Please print or type)*

## Provisional Registrant Information:

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Name

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Home Address

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City, State, Zip

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Signature of provisional registrant

I hereby certify and affirm, under the penalty of perjury, that the information on this form is correct. I understand that, as a provisionally registered tattoo artist and/or body piercer, I may practice only under the supervision of the below named supervisor in accordance with the supervision provisions as set forth in the Regulations Governing the Registration of Individuals Performing Tattooing and of Individuals Performing Body Piercing.

## Supervision Information: (to be completed by the supervising tattoo artist and/or body piercer)

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Name of Supervisor

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Registration Number

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Employment

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Employment Address

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Employment City, State, Zip

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(Signature of supervising tattoo artist and/or body piercer)

I hereby certify and affirm, under the penalty of perjury, that the information on this form is correct and I will provide supervision for this applicant at all times when practicing at the above listed facility. I understand and accept fully that I am responsible for the practice of the registrant once a provisional registration has been issued. I agree that I will contact the Professional Licensure Office, in writing, when this agreement has been terminated.



# MISSISSIPPI STATE DEPARTMENT OF HEALTH

## TATTOO AND/ OR BODY PIERCING INSPECTION CHECKLIST

### PREMISES:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

### TATTOO ARTISTS/BODY PIERCERS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### All items are critical—noncompliance will result in automatic failure

#### PREMISES REQUIREMENTS:

- \_\_\_\_\_ a. Premises clean, sanitary and in good repair.
- \_\_\_\_\_ b. Operational toilet located in establishment, accessible to patrons and operators, and HAS:
  - \_\_\_\_\_ hot and cold running water
  - \_\_\_\_\_ soap, approved disinfectant
  - \_\_\_\_\_ sanitary towels or hot air dryer
- \_\_\_\_\_ c. Tables, countertops, other surfaces constructed of impervious material (plastic laminate, stainless steel, enamel, etc.) Tables, countertops and surfaces are clean and sanitary.
- \_\_\_\_\_ d. Floors shall not be carpeted in work area.
- \_\_\_\_\_ e. Sterile storage area separate from other storage areas.
- \_\_\_\_\_ f. Work area separated from waiting area by wall and door or other means to block the view and give privacy.
- \_\_\_\_\_ g. Reasonable amount of cleaning supplies on hand.

#### EQUIPMENT/SUPPLIES REQUIREMENTS:

- \_\_\_\_\_ a. Equipment clean, sanitary and in good repair.
- \_\_\_\_\_ b. Adequate steam sterilizer or autoclave.
- \_\_\_\_\_ c. Adequate supply of sterile, single use disposable "piercing" or "medical" needles in dated, self sealing sterilization pouches. Shelf life of one (1) year.
- \_\_\_\_\_ d. Adequate supply of sterile, single use disposable piercing jewelry in dated, self sealing sterilization pouch. Jewelry shall be surgical steel (316 L or better). Shelf life is one (1) year.
- \_\_\_\_\_ e. Adequate supply of single service items:
  - \_\_\_\_\_ razors
  - \_\_\_\_\_ towels
  - \_\_\_\_\_ latex gloves
  - \_\_\_\_\_ cotton balls
  - \_\_\_\_\_ sterile and non-sterile gauze sponges
  - \_\_\_\_\_ approved skin disinfectant
  - \_\_\_\_\_ A&D™ ointment or other lubricant
  - \_\_\_\_\_ properly packaged adhesive tape or strips
  - \_\_\_\_\_ single-use syptics
  - \_\_\_\_\_ sharps disposal
  - \_\_\_\_\_ biohazard bags
  - \_\_\_\_\_ sterilization bags and indicators

#### STERILIZATION AND WOUND CARE:

- \_\_\_\_\_ a. Observe counseling/wound care education technique.
- \_\_\_\_\_ b. Observe autoclave technique for adherence to standard.

#### BIOWASTE DISPOSAL:

- \_\_\_\_\_ a. Medical waste disposed of properly in biohazard bags (red bags).

#### RECORDS:

- \_\_\_\_\_ a. Adequate supply of consent forms on hand (one business week's worth).
- \_\_\_\_\_ b. Record forms properly filled out and signed by patron.
- \_\_\_\_\_ c. No underage patrons evident.

Inspected by: \_\_\_\_\_  
Name Title

Follow-up required: \_\_\_\_\_yes \_\_\_\_\_no

(If yes, explain)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Return date for follow-up inspection \_\_\_\_\_

**PASSED INSPECTION:** \_\_\_\_\_  
Signature Date  
\_\_\_\_\_  
Title

**FAILED INSPECTION:** \_\_\_\_\_  
Signature Date  
\_\_\_\_\_  
Title

COMMENTS:  
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